

ALABAMA BOARD OF MASSAGE THERAPY

610 S. McDonough Street
Montgomery, Alabama 36104
Phone: 334/269-9990, ext. 211
FAX: 334/263-6115
E-mail: ALMTBD@aol.com

RENEWAL INFORMATION

Dear Licensee:

The Code of Alabama, 1975, Section 34-43-13. License renewal; reinstatement. states in part, "(a) Each license shall be renewed biennially, on or before the anniversary date, by forwarding to the board a renewal application accompanied by the renewal fee. Any license not renewed biennially on or before the anniversary date shall expire (b) Each licensee, upon application for renewal of a license, shall submit evidence of satisfactory completion of the continuing education requirements contained in Section 34-43-21."

In order to renew your license, please submit the following to the address listed above:

- Completed Renewal Application (See Attached)
- \$100.00 License Renewal Fee (All fees must be sent in the form of a certified check or money order made payable to ALMTBD)
- Continuing Education Reporting Form with 16 CEU hours (See Form attached)
- Current copy of professional liability insurance.

If your license renewal is received by the deadline of your expiration date, you will have a full two-year license. If your license renewal is received after the deadline; it may be renewed with a \$25.00 penalty in addition to the \$100.00 License Renewal Fee.

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APPLICATION FOR RENEWAL OF LMT LICENSE

Please complete the following: License #: _____

Please list your Name as you wish correspondence to be addressed (for example if you go by your middle name, etc.):

Salutation: (Mr./Ms., etc.) _____ First Name: _____ Middle Initial (Name): _____

Last Name: _____ Social Security Number: _____

Name & Address of Current Employer: _____

Date of Birth: _____ e-mail Address: _____

Phone Number: _____ Work Phone Number: _____ Fax Number: _____

If there has been any change in your address, phone numbers, preferred mailing address, etc., please list:

Please Enclose:

- ☐ \$100.00 License Renewal Fee (Certified Check or Money Order Only)
Check #: _____ Date: _____
- ☐ Completed CEU Reporting Form
- ☐ Current Copy of Liability Insurance
- ☐ \$25.00 Late Fee (If renewing after Expiration Date) (Certified Check or Money Order Only)
Check #: _____ Date: _____

Professional Licensure History - (attach additional sheets if necessary) – Please check

DURING THE PREVIOUS 24 MONTHS:

A) Have you ever been refused a license or certification to practice massage, or any other license or certification, or the renewal thereof, in any state or jurisdiction? _____Yes _____No

B) Have you had a license or certification of registration to practice massage or any other licensed profession revoked, denied, restricted, suspended or otherwise acted against (including probation, fine, reprimand or surrender license) in a disciplinary proceeding in any state, federal or foreign authority; or have you ever surrendered such credential to avoid or in connection with such action by such authority? _____Yes _____No

C) As a massage therapist, are you now or have you ever been a defendant in civil litigation in which the basis of complaint you alleged negligence, malpractice, or lack of professional competence? ☐ Yes ☐ No

D) Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as a massage therapist? ☐ Yes ☐ No

If you have answered yes to any of the above questions you must attach a complete details as to state, license numbers, dates and relevant circumstances.

E) Have you ever been convicted or found guilty, regardless of adjunction, of a crime in any jurisdiction, or have you ever been a defendant in a court-martial? (Do not include parking or speeding violations.) ☐ Yes ☐ No

F) Have you ever been legally incompetent? ☐ Yes ☐ No

G) Have you ever undergone treatment for the use of drugs, narcotics or intoxicating liquors? ☐ Yes ☐ No

H) Have you ever-received treatment for any emotional disturbances, mental disorder or insanity that would impair your ability to perform as a massage therapist? ☐ Yes ☐ No

If you answered yes to any of the above questions, please provide additional relevant information, dates, jurisdiction (state, county), offense, disposition, circumstances, medical practitioners who treated you or who were consulted (names & addresses). It will be necessary to direct each practitioner or Facility who treated you to furnish the board with any information the board requests with respect to any such treatment. ☐ Attached to this form ☐ On file in the Board Office

****Notarized****
Licensee Attestation

I, _____, certify that I am the person described and identified in this application. I attest that I have answered all questions truthfully and completely and that the documentation provided in support of the application is, to the best of my knowledge, accurate. Should I furnish false information in this application I hereby agree that such an act shall constitute cause of denial, restriction, suspension, or revocation of my license to practice as a massage therapist in the State of Alabama. I further understand the board may require additional information from me prior to making a determination regarding my application.

The undersigned applicant understands the Board may make such inquiry and investigation concerning the applicant's character, criminal record and background as the Board, if a complaint is filed against you, deems proper and said applicant further agrees to furnish any additional information requested by the Board and agrees to appear before the Board in person if requested to do so.

Licensee's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____

NOTARY SEAL-SIGNATURE OF NOTARY PUBLIC

COMMISSION EXPIRATION

ALABAMA BOARD OF MASSAGE THERAPY
610 S. MCDONOUGH STREET
MONTGOMERY, ALABAMA 36104

Name: _____

License #: _____

Date: _____

CONTINUING EDUCATION REPORTING FORM

(Make copies as needed)

Notice: The Board will audit a number of randomly selected licensees to assure that the continuing education requirements have been met. The Board may request verification of credits submitted, including information regarding content, certification, and attendance. The licensee shall maintain and make available upon request the documentation required by this rule for a period of two years following the renewal period to which the continuing education credits were applied. **16 hours are required.** Please refer to Chapter 532-X-6-.01 of the Administrative Code for further information.

1. Sponsoring Organization: _____

Location of Seminar: _____

Title: _____

Brief Description: _____

Principal Instructor: _____

Dates: _____ Hours Earned: _____

2. Sponsoring Organization: _____

Location of Seminar: _____

Title: _____

Brief Description: _____

Principal Instructor: _____

Dates: _____ Hours Earned: _____

3. Sponsoring Organization: _____

Location of Seminar: _____

Title: _____

Brief Description: _____

Principal Instructor: _____

Dates: _____ Hours Earned: _____

Page ____ **of** ____ **Signature:** _____ **Total Hours:** _____